EDITORIALS

The soft health path: a healthier future for physicians?

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I have adopted and borrowed[1] the term "soft health path" from Amory Lovins,[2] who first described the concept of "soft" technologies. According to Lovins, soft technologies are flexible, benign, sustainable and resilient, and have five characteristics: they are renewable, diverse, flexible and relatively easy to use (and therefore accessible to the general population), matched in both scale and distribution to end-use needs, and also matched in quality to these needs.

Thus, the soft-technology approach to energy supply would rely on a multitude of comparatively small, community-based, decentralized forms of energy production that would use renewable sources of energy (e.g., solar, wind and biomass) and supply the appropriate quality of energy for the end-use — that is, they would not use high-quality electrical energy for low-quality uses, such as space heating. While the technology might be very sophisticated, it would none the less be technically simple, easily understood, and easy to use and repair. On the other hand, the hard-technology approach would use a small number of very large and technically complex energy production units that would require a small but highly trained technocratic elite and use primarily nonrenewable sources of energy (e.g., coal, uranium and oil).

My thesis is that a number of recent "movements" in the health care field represent the emergence of the soft-technology approach to health care — the soft health path. These movements include self-care and mutual self-help groups; "barefoot doctors" and the World Health Organization's primary health care strategy; the move towards nurse–practitioners' providing care; the holistic health movement; the interest in alternative healing modalities; and the renaissance of the public health movement. In one way or another all these groups and movements represent a soft-technology approach to health problems.

In Lovins' terms, these approaches are renewable and sustainable in that they try to teach people to be self-reliant and self-sustaining and not to depend too much on external resources to improve and maintain their health. Thus, the community and its members can sustain and "renew" their health on their own. The diversity of approaches to health and health care in North America is becoming increasingly obvious. There has been an upsurge of interest in many alternative healing modalities that stress psychologic, spiritual and even psychic approaches, as well as in nonallopathic physiologic techniques such as acupuncture. This diversity is paralleled by that of individuals who are now seen as being capable of providing health care or improving health or both. All these groups and movements stress the need for flexibility; their techniques must be applicable to the needs of individuals from different social and cultural groups and those with different values. In addition, emphasizing that the basic techniques for becoming healthy are not mysterious but are relatively simple to learn and easy to use makes health care more accessible to the general population. Finally, it is apparent from the characteristics of these movements and groups that inherent in each is an effort to match scale, distribution and quality to end-use needs — a "small-is-beautiful"[3] approach to health care that suggests we do not need large institutions, highly qualified technocrats and highly complex technology to treat most health problems.[4] Indeed, many of those involved in developing the soft health path would agree with Illich[5] that such a hard-path approach may often be more harmful than beneficial.

The soft health path is emerging in part because of a widespread belief that even if the "hard" technologic approach, which has become the central approach of Western allopathic medicine, is not harmful it does not necessarily lead to better health and is certainly not the main factor responsible for improving health, a view stressed by Lalonde.[6]

Physicians and the general public are becoming increasingly aware of the limitations of medicine, just as they have become aware of the limitations of economic growth, energy supply and the ability of the environment to absorb pollutants. Thus, the current disenchantment with medicine and the hard health path need to be seen in the context of more widespread disenchantment with big government, big industry, the technologic fix and expert elites. It is not just medicine and physicians that are being questioned or viewed with suspicion.

What, then, would be the consequences of switching to the soft health path? John McKnight[7] provides an example in his article about the efforts of a black community in Chicago to improve their own health. After gaining control over their local hospitals they were chagrined to find that their health did not improve. However, their involvement in such activities as lobbying local politicians to get better traffic con-

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trols, rounding up stray dogs and building greenhouses to grow fresh vegetables (thereby saving energy and providing jobs for unemployed area residents and recreational opportunities for senior citizens) did lead to improved health and to a more cohesive and therefore a healthier community. This example also illustrates another characteristic of the soft health path; namely, that efforts to improve health often have beneficial effects on other aspects of community life, and that, conversely, it often takes efforts in areas seemingly unrelated to health to improve health. In other words, the soft health path is integrative and holistic.

In McKnight's example the physicians and hospitals did not play an important role in improving the health of the community and its members. With such a switch to the soft health path the public and physicians would recognize the appropriate role of medicine and confine it to what it does best — healing the sick and treating disease (disease being interpreted in a strictly physiologic and anatomic sense). The current expectations that doctors can also be, among other things, social workers, psychologists, educators, life-skill counsellors, community activists and marital guidance counsellors would be eliminated. Obviously, however, this change in role expectations would be accompanied by a clearer view of what the medical professional really is — an important but not dominant member of the community health team, skilled in treating disease and working with other health care professionals to create a healthy community. Therefore, the medical profession's position would be reduced somewhat from the present one of dominance that it enjoys (enjoys is perhaps not the right word: it is hard always to have to strive to be right and to be the leader). The community would need fewer physicians and more community health workers, health promoters, health educators, social workers and so on. While the medical profession, in the soft health path scenario, would be reduced somewhat in numbers, power and influence, it would still maintain its prestige as part of the health care team and would perhaps be somewhat healthier without its present compulsion to overachieve to meet the community's unrealistic expectations. Therefore, the soft health path may represent a healthier future for physicians if we have the wisdom and humility to take it.

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